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MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH			State File No. <u>339</u>		
County <u>Maricopa</u>		State <u>Arizona</u>		Registered No.	
District or Township		or Village			
City <u>Phoenix</u>		No. <u>Arizona State Hospital</u> St.		Ward	
(If death occurred in a hospital or institution give its NAME instead of street and number).					
2. FULL NAME <u>Julius Johnson</u>					
(a) Residence, No.		St.		Ward	
(Usual place of abode)		(If non-resident, give city or town and State)			
Length of residence in city or town where death occurred		yrs. mos. ds.		How long in U. S. if of foreign birth? <u>72</u> yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.			
<u>Male</u>	<u>Scandinavian</u>	<u>Married</u>			
5a. If married, widowed, or divorced					
HUSBAND of					
(or) WIFE of					
6. DATE OF BIRTH (month, day and year)					
7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.	
<u>75</u>					
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Night Watch</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Denmark</u>					
(State or country)					
10. NAME OF FATHER					
11. BIRTHPLACE OF FATHER <u>Denmark</u>					
(city or town)					
(State or country)					
12. MAIDEN NAME OF MOTHER					
13. BIRTHPLACE OF MOTHER <u>Denmark</u>					
(city or town)					
(State or country)					
14. Informant <u>Hospital Records</u>					
(Address)					
15. Filed <u>3-15</u> , 1928 <u>M. V. Stevenson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>March 24</u> , 19 <u>28</u>					
Month Day Year					
17. I HEREBY CERTIFY. That I attended deceased from <u>Aug 23</u> , 19 <u>23</u> to <u>March 24</u> , 19 <u>28</u>					
that I last saw him alive on <u>March 23</u> , 19 <u>28</u>					
and that death occurred, on the date stated above, at <u>6:10 a. m.</u>					
The CAUSE OF DEATH* was as follows:					
<u>Cancer of Liver and Stomach</u>					
(duration) <u>1</u> yrs. <u>+</u> mos. <u>+</u> ds.					
CONTRIBUTORY <u>Semile psychosis</u>					
(Secondary)					
(duration) <u>10</u> yrs. <u>+</u> mos. <u>+</u> ds.					
18. Where was disease contracted					
If not at place of death?					
Did an operation precede death? Date of					
Was there an autopsy? <u>Yes</u>					
What test confirmed diagnosis? <u>X-Ray</u>					
(Signed) <u>H. Johnson</u> , M. D.					
(Address) <u>Phoenix, Ariz.</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa, Ariz.</u>				DATE OF BURIAL	
20. UNDERTAKER <u>H. A. Burton</u>				ADDRESS <u>Mesa, Ariz.</u>	